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Bib Data Sheet

CONFIRMATION NO. 6776

<b>SERIAL NUMBER</b> 10/808,989	<b>FILING OR 371(c) DATE</b> 03/24/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 286932.123 US2	
<b>APPLICANTS</b> Ewa Herbst, Edgewater, NJ; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/974,542 10/09/2001 ABN which claims benefit of 60/238,414 10/06/2000 This application 10/808,989 claims benefit of 60/476,421 06/06/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>no</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Signature</i> Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 28089					
<b>TITLE</b> Treatment of living tissues using electromagnetic fields					
<b>FILING FEE RECEIVED</b> 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		